

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

WENF Rec'd JUL 02 2010

I & I Report

PART I: FACILITY INFORMATION

city:	City of Rockaway Beach	If Address Change is Requested:	
permit #	MO0108162		
County:	Taney		

PART II: MONITORING INFORMATION

For The Year of:	Nov - 2009 - Apr - 2010	Phone Number:	417-561-4424	Date Due:	Apr 2010
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PART III: REPORTING INFORMATION

1. Manhole Observation: 11

Number Observed:

Results:

Manholes Replaced:

From Nov - 09 to Apr - 10

Yes ☐

No ☒

How many?

None

If so, Type of Manhole Replaced:

Results:

Manholes Rehabbed:

Yes ☐

No ☒

How many?

None

If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested:

No

From _____ to _____

Results:

Lines Cleaned:

Yes ☐

No ☐

How many?

If so, How was Line Cleaned:

Jet

Pig

Auger

Length of type of cleaning:

Jet

Pig

Auger

Results:

Number of Lines Replaced:

Number of Linear Feet:

If so, Type of Line Replaced:

If different then original, replaced with what type?

Results:

Number of Lines Rehabbed:

Number of Linear Feet:

If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit)

No

If so, Linear Feet Viewed:

From

to

4. Lampholes Observed:

No

Number:

#

Replaced:

#

5. Total # of Sewer System Overflows: None Dry Weather

Wet Weather

6. Total # of Basement Backflows: None Dry Weather

Wet Weather

7. Total # of linear feet of lines for collection system including force mains:

8. Peak Flow rate 350,000 gallons/day

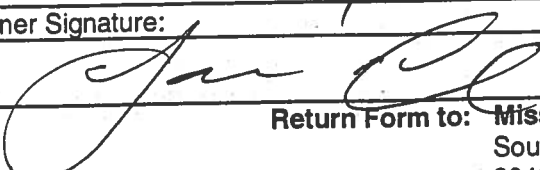
Average Flow rate

180,000

Gallons/day

57,650

PART V: CONTACT INFORMATION

Operator Name: (Printed)	Report Prepared by:	Date:
Edwin H. Godley	Edwin H. Godley	7-26-2010
Owner Signature:	Phone:	
	417-561-4424	

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

I & I Report

Facility:

Permit # MO

MO-010000 COUNTY Taney

Owner/Billing Address:

City of Webb City
Box 315
Webb City, MO 65740

If Address Change Is Requested:

Owner ☐ Billing ☐

For The Year of:

2007

Phone Number:

417-561-4484

Date Due:

<date>

☐

1. Manhole Observation:

Number Observed: 6 From Jan 1 to Aug 31 - 07

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced:

Manholes are bonded manholes per 100 yard flow plan.

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: None From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Plg _____ Auger _____

Length of type of cleaning: Jet _____ Plg _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different than original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit)

If so, Linear Feet Viewed: From _____ to _____

4. Lampholes Observed:

Number: # Replaced: #

Operator Name: (Printed)

Edwin Galtley

Report Prepared by:

Edwin Galtley

Date:

Sept 6 2007

Owner Signature:

Edwin Galtley

Phone:

417-561-4484

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

WENF Rec'd NOV 23 2009

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

WENF Rec'd NOV 23 2009

I & I Report

PART I: FACILITY INFORMATION

city:	City of Rockaway Beach	If Address Change is Requested:	
permit #	MO0108162		
County:	Taney		

PART II: MONITORING INFORMATION

For The Year of:	2009	Phone Number:	(417) 567-4424	Date Due:	10-28-09
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PART III: REPORTING INFORMATION

1. Manhole Observation: //

Number Observed:

From JULY 09 to OCT 09

Results:

Manholes Replaced:

Yes ☐No ☒

How many? _____

If so, Type of Manhole Replaced: _____

Results:

Manholes Rehabbed:

Yes ☐No ☒

How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: N/A

From _____

to _____

Results:

Lines Cleaned:

Yes ☐No ☐

How many? _____

If so, How was Line Cleaned:

Jet

Pig

Auger

Length of type of cleaning:

Jet

Pig

Auger

Results:

Number of Lines Replaced: _____

Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results:

Number of Lines Rehabbed: _____

Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) NO

If so, Linear Feet Viewed: _____

From _____

to _____

4. Lampholes Observed: 0

Number: #

Replaced: #

5. Total # of Sewer System Overflows: 0 Dry Weather

Wet Weather

6. Total # of Basement Backflows: 0 Dry Weather

Wet Weather

7. Total # of linear feet of lines for collection system including force mains:

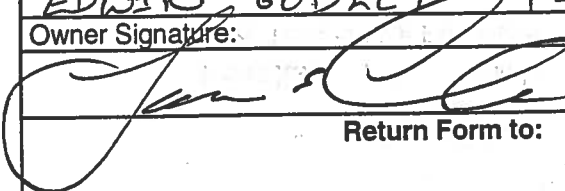
55,700 + ADDING 1,950 FT

8. Peak Flow rate 250,000 gallons/day

Average Flow rate 180,000

Gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)	Report Prepared by:	Date:
EDWIN GODLEY	EDWIN GODLEY	OCT 26, 2009
Owner Signature:	Phone:	
	(417) 561-4424	

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES

I & I Report

Facility: <u>Rockaway Beach Regional</u>	Owner/Billing Address: <u>Rockaway Beach</u>	If Address Change is Requested: <input type="checkbox"/> Owner <input type="checkbox"/> Billing <input type="checkbox"/>
Permit: <u>MO-0108162</u>	<u>P.O. Box 319</u>	
<u>Taney</u> County	<u>Rockaway Beach, Mo.</u>	
Type of system: <u>Oxidation Ditch</u>	<u>65740</u>	

For The Year of: <u>2008</u>	Phone Number: <u>(417) 561-4424</u>	Date Due: <input type="checkbox"/> <u><date></u>
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1. Manhole Observation:

Number Observed: 8 From October '07 to April 2008
 Results: Manholes Replaced: Yes ☐ No ☒ How many?
 If so, Type of Manhole Replaced:

Results: Manholes Rehabbed: Yes ☐ No ☒ How many?
 If so, Type of Manhole Rehabbed:

2. Smoke Testing: See letter attached

Linear Feet of Lines Tested: N/A From to
 Results: Lines Cleaned: Yes ☐ No ☐ How many?
 If so, How was Line Cleaned: Jet Pig Auger
 Length of type of cleaning: Jet Pig Auger
 Results: Number of Lines Replaced: Number of Linear Feet:
 If so, Type of Line Replaced:

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: Number of Linear Feet:
 If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit) NO If so, Linear Feet Viewed: N/A From to

4. Lampholes Observed: NONE Number: # Replaced: #

Operator Name: (Printed) <u>In City Sewer collection lines</u> <u>Buck Godley</u>	Report Prepared by: <u>Buck Godley</u>	Date: <u>Sept. 30, 2008</u>
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Owner Signature: <u>[Signature]</u>	Phone: <u> </u>
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Return Form to: Missouri Department of Natural Resources
 Southwest Regional Office
 2040 West Woodland
 Springfield, MO 65807



**MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY
MONTHLY MONITORING RECORD FOR WASTEWATER TREATMENT FACILITIES**

I & I Report

Facility: Permit # MO <u>MO-010600</u> COUNTY <u>Taney</u>	Owner/Billing Address: <u>City of Techny, Mo</u> <u>Box 315</u> <u>Techny, Mo 65740</u>	If Address Change is Requested: Owner <input type="checkbox"/> Billing <input type="checkbox"/>
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For The Year of: <u>2007</u>	Phone Number: <u>417-561-4434</u>	Date Due: <input type="checkbox"/> <date>
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1. Manhole Observation:

Number Observed: 6 From JAN 1 to AUG 31 - 07

Results: Manholes Replaced: Yes ☐ No ☒ How many?

If so, Type of Manhole Replaced:

Manholes are brick manholes per 100 year old plan.

Results: Manholes Rehabbed: Yes ☐ No ☒ How many?

If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: None From to

Results: Lines Cleaned: Yes ☐ No ☐ How many?

If so, How was Line Cleaned: Jet Pig Auger

Length of type of cleaning: Jet Pig Auger

Results: Number of Lines Replaced: Number of Linear Feet:

If so, Type of Line Replaced:

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: Number of Linear Feet:

If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit)

If so, Linear Feet Viewed: From to

4. Lampholes Observed:

Number: # Replaced: #

Operator Name: (Printed)

Edwin Godley

Report Prepared by:

Edwin Godley

Date:

Sept 6 2007

Owner Signature:

Edwin Godley

Phone:

417-561-4434

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

564107

Exhibit D

-05

NAME		DATE	
City of Rockaway		8/13/04	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	4 6-28-04		
2	5 6-29-04		
3	2 6-30-04		
4	2 7-1-04		
5	3 8-2-04		
6	4 8-3-04		
7	3 8-4-04		
8	5 8-5-04 SLUDGE		
9	1 8-6-04 HAUL OFF		
10	1 8-8-04		
11	3 8-9-04		
12	3 8-10-04 Total 41		
13	3 8-11-04		
14	2 8-12-04	15.00	615.00
RECEIVED BY		TAX	
Dwight Enderson		TOTAL	615.00

24705

Paid P. J#1398

564108

Dwight Brockman 564109

Exhibit E

NAME		DATE 8-28-05	
CITY OF ROCKAWAY BEACH		ORDER NO.	
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	1 NOV 2004		
2	7 MAR 2005		
3	7 Apr 2005		
4	19 MAY 2005		
5	14 JULY 2005		
6	11 AUG 2005		
7			
8	51 @	15.00	765.00
9			
10	SLUDGE		
11	HAUL OFF 19-05		
12	PAID SEP 19-05		
13	9-19-05		
14	R #1294		
RECEIVED BY		TAX	
A.D. Brockman		TOTAL	765.00

adams 24705

NAME		DATE 12-8-05	
CITY OF ROCKAWAY		ORDER NO.	
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION	PRICE	AMOUNT
1	2 AUG 2005		
2	21 sep 2005		
3	23 oct 2005		
4			
5			
6	46 @ 15		690-
7			
8			
9			
10			
11			
12			
13			
14			
RECEIVED BY		TAX	
A.D. Brockman		TOTAL	690-

adams 24705

391401

NAME		DATE	
CITY OF ROCKAWAY		12-21-06	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
QUAN.	DESCRIPTION		PRICE
1	8	SEPT 10	
2	3	" 17	
3	6	" 24	
4	1	OCT 2	
5	1	" 3	
6	1	" 5	
7	1	" 10	
8	3	" 15	
9	1	" 18	
10	6	" 22	
11	3	" 29	
12	32		@ 15.00 480 -
13			
14			
RECEIVED BY		TAX	
A. D. Brockman		TOTAL 480 -	

24705

391403

NAME		DATE	
City of Rockaway		5-25-07	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
QUAN.	DESCRIPTION		PRICE
1	11	MARCH	
2	28	April	
3	20	May	
4			
5	60		15.00 900 -
6			
7			
8			
9			
10			
11			
12			
13			
14			
RECEIVED BY		TAX	
		TOTAL 900 -	

24705

J.R. Brockman.

391404

DATE 12-17-07

NAME		CITY of ROCKAWAY					
ADDRESS		ORDER NO.					
CITY, STATE, ZIP							
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION				PRICE	AMOUNT	
1	14	SEPTEMBER					
2	24	OCTOBER					
3	12	NOVEMBER					
4	3	DECEMBER					
5	53					15	795
6							
7							
8							
9							
10		1374 BROCKMAN RD.					
11		TANeyville, MD.					
12		65759					
13							
14							
RECEIVED BY		1-15-08 Reg				TAX	
		1655				TOTAL	795

Ca

Si

CONSULTING ANALYTICAL SERVICES INTERNATIONAL

2804 EAST BATTLEFIELD, SPRINGFIELD, MISSOURI 65804, 417-882-1017, 1018

CITY OF ROCKAWAY BEACH, MISSOURI

January 26, 2004

Re: CaSi File/Case/Log: 0289/033806-3015/1592.

Page 2

Sludge Sample Collected 12-29-30-03; 13:15-10:00.

Received 12-30-03; 13:40.

PARAMETER	WET WEIGHT VALUE mg/kg	DRY WEIGHT VALUE mg/kg	DRY WEIGHT VALUE lbs/ton
ARSENIC, total	<0.1	<6.7	<0.01
CADMIUM, total	<0.01	<0.67	<0.001
CHROMIUM, total	0.15	10.1	0.02
COPPER, total	3.77	253	0.51
LEAD, total	0.22	14.8	0.03
MERCURY, total	<0.1	<6.7	<0.01
MOLYBDENUM, total	0.14	9.40	0.02
NICKEL, total	0.18	12.1	0.02
SELENIUM, total	<0.1	<6.7	<0.01
ZINC, total	15.1	1010	2.03
TOTAL KJELDAHL NITROGEN	915	61400	123
AMMONIA AS NITROGEN	16.1	1080	2.16
ORGANIC NITROGEN	899	60300	121
NITRATE/NITRITE AS NITROGEN	2.32	156	0.31
TOTAL PHOSPHORUS AS P	372	25000	50
TOTAL POTASSIUM	142	9530	19
PLANT AVAILABLE NITROGEN	193	13000	26
FECAL COLIFORM Geometric Mean of 7 Samples	41,400	2,780,000	Units CFU/g
PERCENT SOLIDS	1.49 %		
VOLATILE PERCENT OF SOLIDS	81.88 %		
PERCENT ASH	0.27 %		

564104

NAME		DATE	
City of Rockaway Beach		12-4-03	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION		PRICE
1	2	10-21-03	
2	3	10-22-03	
3	2	10-23-03	30 LOADS
4	2	10-27-03	15.00
5	2	10-28-03	
6	2	10-29-03	
7	2	10-30-03	
8	3	10-31-03	
9	1	11-3-03	
10	2	11-10-03	
11	2	11-11-03	
12	2	11-12-03	
13	2	11-13-03	
14	3	12-1-03	
RECEIVED BY SLUDGE HAUL OFF			TAX
Dwight Bruckman			TOTAL 450.00

adams 24705

564105

NAME		DATE	
City of Rockaway Beach		12-4-03	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION		PRICE
1	109	LABOR	15-1635
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
RECEIVED BY			TAX
			TOTAL 1635

adams 24705

NAME		DATE	
City of Rockaway Beach		9-16-03	
ADDRESS		ORDER NO.	
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE
ON ACCT.	MDSE. RETD.	PAID OUT	
QUAN.	DESCRIPTION		PRICE
1	4	9-14-03	
2	4	9-15-03	
3	2	9-16-03	
4	2	9-3-03	
5	3	9-4-03	
6	2	9-8-03	
7	2	9-9-03	
8	2	9-10-03	
9	2	9-11-03	
10	2	9-15-03	
11	1	9-16-03	
12	2	SLUDGE	15.00
13		HAUL OFF	405.00
14			
RECEIVED BY			TAX
Dwight Bruckman			TOTAL

adams 24705

564103